

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT

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GREASE TRAP QUESTIONNAIRE

Dear Food Establishment Manager:

Please complete the following questionnaire and return it along with your Food Service Application.

- Food Establishment: _____
- Address: _____
- Phone: _____

1. Does your facility have a grease trap? _____ If yes, please answer the following:

- a. How many grease traps are located in the establishment?
- b. Where are the grease traps located (inside, outside, or both)?
- c. What are their capacities?
- d. Are they pumped regularly or as needed?
- e. How often are they pumped?
- f. What company performs this?
- g. Do you keep maintenance records on site?